Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

JACE SYSTEMS
5 ROCKHILL ROAD STE 2
CHERRY HILL NJ 08003

Carrier's Austin Representative Box
#29

MFDR Date Received
MARCH 20, 2012

Respondent Name
TEXAS A & M UNIVERSITY SYSTEM

MFDR Tracking Number
M4-12-2410-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We are disputing the denial of the claim for date of service 11/18/2010 due to it being medically necessary. I have enclosed the medical dispute form, medical notes, RX, Letter of Medical Necessity as well as denial EOB's."

Amount in Dispute: $750.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Star Comprehensive Solutions, Inc., maintains its position that the shoulder brace required preauthorization prior to providing the brace to the claimant. Preauthorization was required in this case in accordance with DWC rule 134.600(p)(9). In addition, this is an untimely request for Medical Dispute Resolution. The date of service in this dispute is 10/20/2010. There were no issues, as defined by 133.307(c)(1)(B), that would allow for an extension of the one year rule. Rule 133.307(c)(1)(A) states a request for medical fee dispute resolution shall be filed no later than one year after the date(s) of service in dispute. The request was received by TDI/DWC on 3/20/2012."

Response Submitted by: Star Comprehensive Solutions, Inc., P. O. Box 801464, Houston, TX 77280-1464

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 18, 2010	L3960-NU	$750.00	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated December 1, 2010

- 197 – Payment denied/reduced for absence of precertification/authorization.
- 197 – PREAUTHORIZATION REQUIRED BUT, NOT REQUESTED UNTIL 11/22/10. BRACE PROVIDED TO CLAIMANT ON 11/18/10.

Explanation of benefits dated March 9, 2011

- 197 – Payment denied/reduced for absence of precertification/authorization.
- 193 – Original payment decision is being maintained. This claim was processed properly the first time.
- 197 – PREAUTHORIZATION REQUIRED BUT, NOT REQUESTED UNTIL 11/22/10. BRACE PROVIDED TO CLAIMANT ON 11/18/10.
- PER THE TDI – DWC RULES 134.600(P)(9) PREAUTHORIZATION IS REQUIRED FOR ALL DME IN EXCESS OF $500 BILLED CHARGES PER ITEM (EITHER PURCHASE OR EXPECTED CUMULATIVE RENTAL).

Issue

1. Did the requestor waive the right to medical fee dispute resolution?

Findings

28 Texas Administrative Code §133.307(c)(1) and (c)(1)(A) states: "Timeliness. A requestor shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the MDR Section receives the request. ... A request for medical fee dispute resolution that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute." The date of the service in dispute listed on the requestors *Table of Disputed Services* shows November 18, 2010. The request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on March 20, 2012. This date is later than one year after the date(s) of service in dispute. Review of the submitted documentation finds that the disputed services do not involve issues identified in §133.307, subparagraph (B). The Division concludes that the requestor has failed to timely file this dispute with the Division's MDR Section; consequently, the requestor has waived the right to medical fee dispute resolution.

Conclusion

The Division finds that the requestor has waived the right to medical fee dispute resolution for the services in dispute. For that reason, the merits of the issues raised by both parties to this dispute have not been addressed.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	January 8, 2013 Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.